

**CHINO VALLEY UNIFIED SCHOOL DISTRICT  
EMPLOYEE PLANS AND RATES**

| <b>ACT (CERTIFICATED) 2025 - 2026</b> |             |                                                              |                     |              |             |
|---------------------------------------|-------------|--------------------------------------------------------------|---------------------|--------------|-------------|
| Type                                  | Provider    | Plans                                                        |                     | Monthly (12) | Annual      |
| HMO                                   | KAISER      | Kaiser \$20<br>CSEBA Plan 8                                  | Single              | \$888.94     | \$10,667.28 |
|                                       |             |                                                              | Employee + Spouse   | \$1,937.32   | \$23,247.84 |
|                                       |             |                                                              | Employee + Children | \$1,762.59   | \$21,151.08 |
|                                       |             |                                                              | Family              | \$2,636.24   | \$31,634.88 |
|                                       |             | Kaiser DHMO \$20<br>CSEBA Plan 11                            | Single              | \$762.06     | \$9,144.72  |
|                                       |             |                                                              | Employee + Spouse   | \$1,658.18   | \$19,898.16 |
|                                       |             |                                                              | Employee + Children | \$1,508.83   | \$18,105.96 |
|                                       |             |                                                              | Family              | \$2,255.60   | \$27,067.20 |
|                                       | BLUE SHIELD | Blue Shield<br>Access+ HMO \$20 Plan 3                       | Single              | \$800.00     | \$9,600.00  |
|                                       |             |                                                              | Employee + Spouse   | \$1,682.00   | \$20,184.00 |
|                                       |             |                                                              | Employee + Children | \$1,441.00   | \$17,292.00 |
|                                       |             |                                                              | Family              | \$2,362.00   | \$28,344.00 |
|                                       |             | Blue Shield<br>Trio ACO HMO \$20 Plan 3                      | Single              | \$705.00     | \$8,460.00  |
|                                       |             |                                                              | Employee + Spouse   | \$1,481.00   | \$17,772.00 |
|                                       |             |                                                              | Employee + Children | \$1,269.00   | \$15,228.00 |
|                                       |             |                                                              | Family              | \$2,080.00   | \$24,960.00 |
| PPO                                   | BLUE SHIELD | Blue Shield<br>ASO PPO PLAN 2                                | Single              | \$1,714.00   | \$20,568.00 |
|                                       |             |                                                              | Employee + Spouse   | \$3,599.00   | \$43,188.00 |
|                                       |             |                                                              | Employee + Children | \$3,085.00   | \$37,020.00 |
|                                       |             |                                                              | Family              | \$5,055.00   | \$60,660.00 |
|                                       | BLUE SHIELD | Blue Shield<br><b>TANDEM</b> PPO PLAN 2                      | Single              | \$1,611.00   | \$19,332.00 |
|                                       |             |                                                              | Employee + Spouse   | \$3,383.00   | \$40,596.00 |
|                                       |             |                                                              | Employee + Children | \$2,899.00   | \$34,788.00 |
|                                       |             |                                                              | Family              | \$4,752.00   | \$57,024.00 |
| HSA                                   | BLUE SHIELD | Blue Shield<br>HSA<br>(ASO PPO Savings Plan 1)               | Single              | \$1,045.00   | \$12,540.00 |
|                                       |             |                                                              | Employee + Spouse   | \$2,194.00   | \$26,328.00 |
|                                       |             |                                                              | Employee + Children | \$1,881.00   | \$22,572.00 |
|                                       |             |                                                              | Family              | \$3,083.00   | \$36,996.00 |
|                                       | BLUE SHIELD | Blue Shield<br>HSA <b>TANDEM</b><br>(ASO PPO Savings Plan 1) | Single              | \$982.00     | \$11,784.00 |
|                                       |             |                                                              | Employee + Spouse   | \$2,063.00   | \$24,756.00 |
|                                       |             |                                                              | Employee + Children | \$1,769.00   | \$21,228.00 |
|                                       |             |                                                              | Family              | \$2,898.00   | \$34,776.00 |
| DENTAL                                | DELTA       | Delta Dental PPO                                             | Composite           | \$118.50     | \$1,422.00  |
|                                       | SAFEGUARD   | Plan Closed To<br>New Enrollees                              | Single              | \$29.02      | \$348.24    |
|                                       |             |                                                              | 2-Party             | \$52.17      | \$626.04    |
|                                       |             |                                                              | Family              | \$69.56      | \$834.72    |
| VISION                                | VSP         |                                                              | Composite           | \$23.00      | \$276.00    |
|                                       | EYE MED     |                                                              | Composite           | \$12.20      | \$146.40    |
| LIFE                                  | VOYA        |                                                              | Composite           | \$5.45       | \$65.40     |

|                                                                                                                                                                          |  |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|
| <b>Instructions for Calculating Your Monthly Out-Of-Pocket Payroll Deductions:</b>                                                                                       |  |                    |
| (1) Add the annual costs (from the chart above) of benefits you have chosen<br>example: Kaiser Plan 8 (employee + children) + Delta + VSP + Life =                       |  | <b>\$22,914.48</b> |
| (2) Look on the chart below to determine District's annual share for the number of hours you work<br>example: An 7 hour/day employee works 100%, District contribution = |  | <b>\$11,350.00</b> |
| (3) Employee annual share:<br>(1) minus (2) =                                                                                                                            |  | <b>\$11,564.48</b> |
| (4) Monthly Out-of-Pocket:<br>(3) divided by 10 months =                                                                                                                 |  | <b>\$1,156.45</b>  |

| 8.00 Hours/Day | % FTE | District's Annual Contribution<br>for 7/01/25 thru 6/30/26 | 7.00 Hours/Day | % FTE | District's Annual Contribution<br>for 7/01/25 thru 6/30/26 |
|----------------|-------|------------------------------------------------------------|----------------|-------|------------------------------------------------------------|
| 4.00           | 0.50  | \$5,675.00                                                 | 2.80           | 0.40  | \$4,540.00                                                 |
| 6.00           | 0.75  | \$8,512.50                                                 | 4.20           | 0.60  | \$6,810.00                                                 |
| 8.00           | 1.00  | \$11,350.00                                                | 7.00           | 1.00  | \$11,350.00                                                |